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THE
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ORIGINAL ARTICLES.

DEMENTIA PRÆCOX.*

BY BENJ. F. BAILEY, M.D., LINCOLN, NEB.

Upon being requested by your chairman to prepare a paper for the neurological section, I was impelled to write upon this subject because of the alarming number of cases that seem to be presenting themselves, even to the extent of possibly 20 per cent of the cases of insanity admitted to the average public institution, and owing to the fact that these cases have seemed to me to belong to those that might perhaps be rescued if recognized on the borderland. Until described by Kahlman, Neisser and Kraepelin, they were classed with the dementias and manias, according to which way the trend seemed most to be.

Nomenclature does not necessarily mean very much, but in no place has it been more important than in this case, where a condition was assigned to a correct etiology, and then its nomenclature directed the attention of the profession to it so strongly that to err was almost impossible.

The after-treatment of these cases might probably be about the same under the old understanding as under the present, but, unfortunately, the treatment at so late a stage of the disease is of comparatively little importance. Asking that these statements be borne in mind, we will consider the condition somewhat in detail and then revert to these preliminary hypotheses to see if it is natural to believe that they have been proven. The disease has been described under the name hebe-

*Read before the Missouri Institute of Homeopathy.

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phrenia, from the Greek words meaning puberty and mind. This name was given to it, I believe, by Kahlbaum, and referred to the fact, which is a truth, that the disease is one which appears during developmental years—namely, between the years of fourteen and thirty, usually between fourteen and twenty-five. It is a disease that, though it may have intermissions, certainly, unless checked very early, makes steady progress downward to complete dementia.

It is quite apt to appear in young people who have been very precocious. It only furnishes, so far as present statistics go, a moderate history of heredity. The patients themselves probably notice among the first indications a lack of power of attention, of concentration; physically, a loss of strength and desire for effort. They lose self-reliance and are inclined to lean on friends; yet the support of friends, their urging to renewed endeavor, the patients' resultant consciousness of inability to "make good," reacts upon the patients, and they are inclined to become more weakened mentally and physically, and have added to the melancholy a frequently marked irritability. Rest, recuperation, treatment, etc., may bring at any of these early days a greater or lesser remission, with the delusive belief on the part of friends and physician that recovery is taking place. These hopes are usually soon dashed to the ground by a further progress of the general enfeeblement, even going from the point of simple mental enfeeblement to a complete stupor or cataleptic state. In the early stages which I have described there may be a frequent and marked abulimia or loss of will, a failure in orientation or one's own attitude to one's own environment, a loss of initiative, hallucinations and delusions tending perhaps to self-culpability or again of a persecutory nature and often interspersed with sudden unexplainable bursts of anger, to be followed by penitence, but not often of a very deep degree.

At times cases may be taken with an irresistible desire to walk and wander and may walk for hours until exhausted, apparently without reason and without aim, but impelled by the very restlessness of spirit. These cases are occasionally, but rarely, suicidal; but in their persecutory moods and in their sudden and unexplained anger may become homicidal. In the stuporous state which sometimes ensues there may be an absolute relaxation of a notable muscular rigidity or condition, katatonia as described by Kraepelin. The stupor may be so complete as

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to lie motionless in a dorsal position in bed without attention to the calls of Nature, or they may remain standing in all sorts of peculiar postural states, perhaps for hours maintaining any peculiar position in which they may be placed. If I may be permitted the term, the cataleptic attitudes become often statuesque in character. Such subjects will sometimes go for days without speaking; often cases will have times of being most annoying by their verbigeration.

It is a subject upon which the descriptive might last almost indefinitely, its phases and peculiarities are so numerous and varied, but I must not permit myself to trespass too extensively upon your time. I must not, however, fail to mention a negativeness or resistance which is often long-continued and very trying to those caring for the patient. Stedman says: "It is evident that dementia præcox is a transition disease between the functional paranoia, manic-depressive insanity, etc., on the one hand, and the seated (because structural) form dementia paralytica on the other." Pathologically the cortex seems affected, but not so deeply as in dementia paralytica, whereas in the first mentioned or functional diseases organic change has not been demonstrated. The natural result, as indicated by pathological study, is that dementia paralytica always eventuates in death, while dementia præcox eventuates in a more or less complete dementia, but, from a lack of depth of organic change, does not usually result in death except from incidental causes such as the human race is subject to; while paranoia and manic-depressive insanity may live to an indefinite age with comparatively little loss of vital force.

It is interesting and profitable to consider the differential diagnosis between dementia paralytica and dementia præcox. Dementia paralytica is an acquired disease, organic, general and progressive in character, with continuous mental enfeeblement in the early stage, has lack of concentration, is easily fatigued mentally, has early impaired memory and morality. We have both mental and physical involvement, and may have later dementia, mania melancholia, stupor, confusion of mind and paranoic symptoms, and physically tremor, especially of the face and speech, muscular incoördination, the Argyll-Robertson pupil, changes in sensation, convulsions, and sometimes spinal lesions with loss of reflexes. Remissions are not complete and

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not long in duration; result always fatal, preceded by persistent failure of the mind and vitality.

Dementia præcox at first shows a functional, but progressive mental enfeeblement, usually acquired, but may be inherited; has in its early stages failure of concentration, mind is easily fatigued, but without special impairment of memory or moral sense until a later stage. There is often shown a combination of mental and physical symptoms, with a mingling in varied cases of dementia, mania, melancholia, stupor, lack of concentration and paranoid conditions. Physical symptoms frequently marked and frequently almost absent for a long time, or may be katatonic, with rigidity, postural movements, peculiarities of gait, chorea, catalepsy, loss of sensory evidence, vaso-motor disturbances. Remissions that are generally imperfect and short of duration, but may be quite complete and protracted. The course is rarely fatal, but permanent impairment of mind is invariable. We must also differentiate in the early stages from neurasthenia. Neurasthenia has, as you will remember, a Protean symptomatology with frequently imaginary loss of memory and functional loss of attention or concentration, but a close observation of the case shows no real loss of memory or of attention which is sufficiently pronounced as to have its origin in the cortex; in short, it lacks, upon close surveillance, all evidence of a truly approaching and progressing dementia. A careful diagnosis is necessary, both for reasons of prognosis and treatment.

And now we approach the subject of etiology, which is most interesting and permits of rather wide, perhaps I may say philosophical reasoning. We must remember that this form of insanity has also been called developmental insanity, as it is assumed that it obtains during the developmental stage of life. This stage of life, however, is uncertain in its length and the age of maturity differs materially in different individuals, and this is especially true as to the sexual sphere, which in its awakening has undoubtedly a great bearing upon the tension of the human system. Let it be understood that I do not believe that as a rule masturbation or conscious sexual excitement is often the cause of this condition, but that masturbation is more frequently a result than a cause of this and other insanities, and that unconscious sexual tension renders unfit for great strains, either physical or mental, during the developmental stage of

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life; that, in addition to this, we have reason to note that the normal development of the nervous system, and especially the brain, does not reach its full fruition much under the age of thirty. This being true, like the humble plant of the vegetable world, it cannot resist the winds and storms and cold and heat, which will leave the gnarled old oak as strong as ever. I believe it is a recognized fact that the present trend is to early début socially, a crowded school course which is obliged to treat children of a given age as a class and not as individuals with unequal physical and mental powers. Early entry into the business world, with long hours of work, financial strain and often much social life, is common. These are the conditions of etiology which render acquirement of this disease possible if not ofttimes probable. The authoritative writers of the present day are not inclined to attribute heredity as a very great factor in the development of this disease, but the question forces itself, Do we consider heredity in a wide enough sense? I do not believe that because a case of dementia præcox presents itself without the history of insanity in the family, this gives a quietus to the question of inheritance.

When we find a father or mother, or both, who have been subject to excessive tension or unnatural gratification or use of sexual powers, who present a history of mal-nutrition or who have led a life of exhausting luxury and social dissipation, or, on the other hand, of mental or physical self-denial to a point of starvation of their best possibilities of physical and mental development, and a child of such a union develops a case of dementia præcox, I believe it may be a case of inheritance; that is, it is acquired because of a lack of inherited power to resist the strains and storms of life. These strains and storms of life may consist of too great demands in school life or in business life, of sexual irregularities either of self-denial or excess, of the exhaustion left from disease or from insufficient care, clothing or nutriment, and even perchance from mortification, disappointment or grief. I remember one case resultant from scarlet fever, another from mortification, another from disappointment, another from fear, another from dissipation, another from inheritance, and so on.

This brings us back to the hypothesis at the beginning of this paper, that the recognition of the cause of the disease and an early diagnosis offers the sole hope for a successful staying of

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the malady. Unquestionably the beginning of the trouble is functional, to be followed by degeneration unless speedily checked.

The history of these cases shows that from the incipiency of life the whole course has been one to develop and foster a non-resistant being; hence the first thing necessary is to remove the patient from the past surroundings, and, under new environment and hygienic conditions, bend every effort to a restoration of mental and physical powers.

If the case is in its *very incipiency*, a possible cure may result; if later, a restoration to normal mental strength is improbable; but it is possible to restore some of these cases to a good physical condition and to a mental condition that might be considered normal did we not know the previous mental standard, but which is really a mentality of a little lower plane than the patient originally possessed, but which nevertheless may be safe, self-supporting and of some comfort to those about him. The possibilities, together with the evident increase of this form of insanity, throw upon our profession a responsibility which should render us acute in our inspection of cases, strong in our insistence upon change of environment and conscientious in our public duties, looking to the bettering of conditions which shall favor better development and less tension in the human race.

A PATRIOTIC PROVING OF APIS MELLIFICA.

BY L. E. WHITNEY, M.D., CARTHAGE, MO.

While provings of apis mellifica are painfully frequent, and none the less truly frequently painful—few of us having escaped being the unwilling victim of one or more such—the following case, presenting as it did some unique and hitherto unrecorded symptoms, was of so much interest to the writer that he begs to present it, hoping that it may not be altogether devoid of interest to others

Little E. E———, a healthy child of fourteen months, while playing near a rain-barrel which was attracting a number of honey bees, was stung by one of them on the dorsal surface of the left wrist.

After a moment of crying, all was forgotten and she was back at her play in the same place, where a half-hour later she

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received a second hypodermic of the same character and within an inch of the location of the first. A simple domestic application relieved the pain again, and since both of the parents are immune to the sting of these insects, and the child manifested no further discomfort, it was presumed that she possessed the same peculiarity, and the matter was for the time given no further attention.

Save a little swelling at the point of contact and a noticeable decrease in the quantity of urine voided, there was no symptomatic evidence of trouble for three days, when the child manifested some irritability, had a restless night, and the next morning a number of isolated red spots were in evidence here and there, similar to those appearing after chigger-bites.

The following evening, on preparing her for bed, her mother gave her a warm bath, during which the spots multiplied rapidly until they were quite numerous on all surfaces of the body, and they evidently itched or stung severely, for the little lady was very restless and appeared most uncomfortable; it was not, however, until the next morning, the fifth day after receiving the poison, that she presented the peculiar condition which prompts this recital.

During the night following the bath the individual spots grew larger, spreading out from the center until they varied in size from that of a silver dime to a quarter of a dollar, each presenting an outer ring of red, somewhat resembling an urticaria annularis, while the centers were a distinct blue. They could not be properly denominated wheals, for there was very little induration or elevation of the surface of the rings, though a slight sense of unevenness was apparent upon passing a finger over them; but the varigated pigmentation exhibited by the blue centers surrounded by the distinct red rings, liberally scattered as they were over a clear, white skin, presented an appearance not only picturesque and peculiar, but closely bordering on the patriotic.

The poison seemed to exhaust itself chiefly upon the surface, however, for beyond this lesion and the diminished flow of urine mentioned above, together with a slight puffiness under the eyes, there were no noticeable disturbances, and within three days from the time it was thus in full bloom all of its manifestations had disappeared.

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HYOSCINE, MORPHINE AND CACTIN.*

BY L. G. VAN SCOYOC, M.D., LOS ANGELES, CALIF.

The subject of anesthesia naturally interests you all. While you may not be playing the part of a surgeon, you cannot practice medicine or be among the sick without a need for something that will allay pain; and to do that in the most rapid, least harmful or least risky way is a very important problem.

It was not in my operative cases that I felt the need of something else than chloroform or ether, so much as in other persistent cases of suffering, as in cancer cases and the kindred sufferers, that led me to seek other measures. And thus the thought of a hypodermic of something that was harmless and would secure freedom from pain for eight or ten hours was welcomed gladly. I have found in the Abbott-Lanphear method, to a considerable degree, that for which I have been seeking—some cases respond most satisfactorily; others do not completely so. In all but one case thus far have I been pleased with its effect.

In several cases where the administration of chloroform was followed by continuous persistent vomiting for a day and night, and even longer, the effect of the injection was most happy and scarcely any nausea followed. For minor surgical work the result is just what I want; for major work it has been a little short of complete results, and a few whiffs of choloroform were necessary to allay all sensation and fear on the part of the patient.

The formula is:

Hyoscine hydrobromide, gr. 1-100.
Morphine hydrobromide, gr. 1-4.
Cactin, gr. 1-67.

Prepared by Abbott Alkaloidal Company, and great stress is placed upon the hyoscine being *pure* (and not scopola), free from atrocine and apoatropine, which make commercial scopolamine, which is either unreliable or dangerous. The exact combination of the pure drugs is essential. It is indicated in all cases of surgery except in the extremes of life—the very old or very young—and in extensive kidney lesions. Many operations can be done under this anesthetic where chloroform or ether would be unsafe.

*Read before the Los Angeles County Medical Association.

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It is prepared in hypodermic tablets and is given hypodermically. Directions given by Dr. Lanphear are that the first tablet shall be given three hours before the operation, the second tablet one and a half hours after the first one, and the last one as the patient is ready for the table for operation.

Now let me assure you no such rule is applicable to all cases. In some cases one tablet will suffice, and in others two tablets will be quite sufficient, while others will require the three tablets and then need the whiffs of chloroform to complete anesthesia.

When the full effect is not desired for a minor operation, and the patient does not wish to be sleepy for some time following the operation, one tablet may be used and injected about two hours prior to the operation.

Quietude in the presence of the patient is important, and also to stuff his ears with cotton is recommended, to avoid the sensitiveness and nervousness from noises. Occasionally the patient wakes up during the operation (apparently, at least) and may be commanded to "go to sleep and be quiet," which he usually will do in a very short time.

The most marked effect is upon the nerve-center of respiration, reducing the respirations to 12, 10, and even 6 respirations per minute. But during this time the pulse will be found in a very good condition and the color of the face and lips perfectly natural; also the extremities keep warm.

If the patient sleeps too long (8 or 10 hours), he may be aroused by shaking him and commanding him to arouse, or a pint of strong coffee may be injected into the rectum.

If perchance anuria should follow (from unsuspected kidney lesion), sulphate of sparteine, one or two grains per hour, is recommended, hypodermically.

Its greatest field of usefulness is claimed to be in obstetric cases where the severe pains need modifying, or at least the sharp edge taken off. A half-tablet, repeated, if necessary, every hour or two until expulsive pains set in vigorously, and then a full tablet, is said to work charmingly.

In my own experience, in all but one case the results were pleasant and satisfactory. This case was the first upon which I used it, and was a lady suffering with scirrhous cancer of the breast and liver—the breast tumor being treated with an escharotic, and the application of the remedy was followed by pain

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for several hours; the desire was to relieve the poor sufferer. I had only given her a tablet and gotten out of the house far enough to not be called back when she began to whoop, holloa, jump and dance around in a most marked hysterical manner, frightening the family and neighbors and making things interesting generally; but her son got hold of her and held her in bed, and after an hour she became quiet, went to sleep and rested all night, and the next day was all right and had no recollection of the performance.

The next case was given for the removal of an old hemorrhoid, and it worked like a charm.

The next was given for a plastic operation on the anterior wall of the vagina and a perineorrhaphy, and she is one who had suffered so furiously with post-operative nausea and vomiting from chloroform, and in this case no nausea or vomiting followed.

The next case was one that made me very anxious for several hours. Ten minutes after the administration of the first tablet the patient was unconscious. This condition lasted from 7 a. m. to 6 p. m. The respirations went down to 6 per minute, and the nurse said she was sure that once they were less than that. Only two tablets were given. The rectal work, dilatation and curettement of the uterus, trimming of the caruncles from the urethra, etc., etc., were performed, and the patient returned to bed. At 6 p. m. she woke up and asked if we were not ready to operate. No after-effects.

In a few cases the anesthetic effect was incomplete, requiring the administration of a few whiffs of chloroform to secure complete unconsciousness. In all cases the nausea was practically eliminated.

Thus far I have been unable to detect the usual effect of morphia upon digestion and the constipating effect upon the bowels, and have not noticed the habit tendency so abominable in morphine fiends. It has proven a great resource in cancer sufferers when codeine does not produce the necessary relief. A few of the patients complain of its making them dizzy, and a very few of a feeling of nausea. All in all, it is a great help where immediate relief to pain is demanded and no time can be given to the selection of the similimum.

It is surprising how an eczema, seborrheal or otherwise, that has resisted all other treatment, will often melt away under a few exposures to the X-rays.

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SELECTIONS.

WHERE SHALL WE SEND OUR TUBERCULAR PATIENTS?

BY FRANK EDDY CALDWELL, M.D., COLORADO SPRINGS, COLO.

Tuberculosis, that dread disease which annually claims such a fearful per cent as victims; that disease which the medical profession has at last awakened to the fact that something radical must be done to stop its ravages and protect others who necessarily must come in contact with it—so many are the aseptic measures recommended and in many instances, where possible, enforced.

All the profession are united on the great essentials in its treatment: first, fresh air continually, both day and night, and the more sunshine the better, as its rays are known to be rapidly destructive to the tubercle bacilli; second, the waste that is continually going on in the system of such a patient must be overcome by carefully prescribed diet; third, and equally important, is the hygienic care of the patient. The second and third propositions are easy to any thoroughly informed physician, but the first, as to where our patients shall have the fresh air, where they can have the full benefit of the antiseptic rays of the sun with its life-giving power, what climate is best adapted to the tubercular patient, are questions which it is well for the profession to inquire into.

Each section recommended has its ardent advocates, who depict, too frequently, in glowing terms, the great beauty and beneficial effect of their climate, for selfish motives; hence, many are the great disappointments of the patient and family. So it is but natural that the profession should become suspicious and too frequently throw such literature in the waste-basket without reading it.

It is my purpose in this short paper to state from personal observations, sustained by facts and clinical cases since my arrival in this most beautiful city of sunshine, Colorado Springs, Colo., located as it is right at the foot of the Pike's Peak range of the Rocky Mountains, with an altitude of 5,095 feet. Let me quote from the annual report of the Department of Public Health: "For the total year of twelve months, January 1, 1905, to January 1, 1906, there was 76 per cent of possible sunshine

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out of 365 days; there were only eleven days in which the sun did not shine at some part of the day. There was not a day without sunshine in the months of May, June, July, August and September. One hundred and ninety-five days ont of the year had less than one-third of the sky covered with clouds, or were almost cloudless days." (See full report attached.) Since November 3, 1906, to date, there has not been a day that was without some sunshine. We have had three slight snowstorms, occurring during the night, not more than an eighth of an inch at any time, followed by two clear, dry, cold days; then a moderate day and then the glorious Colorado Springs weather. Not once has it been necessary to use rubbers or umbrella. Could the profession of Greater New York alone, my home for many years, fully appreciate what I now know and have learned, Colorado Springs would be full to overflowing the year round.

It is a city where young and old live out of doors. Horseback and bicycle riding is in great evidence, and here in the latter part of February to see young ladies and gentlemen riding on their fine horses, many times hatless, their faces aglow with health and vigor, is a source of great pleasure.

Many of the beautiful homes are provided with piazzas and verandas, so protected that members of the family can sleep out on them at night.

I have made it my conscientious duty to call and meet many of my professional brothers and others, and have always asked, "Why did you come here?" and I can say a good proportion of our M.D.s were "lungers," as they call them here, dying in the East, but now are well, hearty and strong. Many business men and others say: "Was given up to die by doctors at home in the East. Came out here such a date. Now look at me, doctor; don't look much like a consumptive, do I?"

I have said many times this winter, if the profession only appreciated to a slight degree what the Colorado climate is with its glorious sunshine, they would not hesitate for one moment as to where to send their patients.

Sunshine, God's great life-giving force and His great natural aseptic way of killing disease, is more powerful and potent in its effect than any human means. It is an established fact that Colorado, and especially Colorado Springs neighborhood, has more proportionately cloudless days than any other section of

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the United States, and from its altitude the air is clear and dry, and protected as it is by the range of mountains, there are very few wind or heavy storms. Should one come, it soon passes away, and the snow passes away as if by magic, never leaving the streets muddy or damp, which is a remarkable fact, and from the constituents of our soil, made up as it is of sand with a slight mixture of adobe, there is very little dust, even during the dryest season, which would to the slightest degree be of injury to our patients.

In sending patients to Colorado Springs, Colo., several considerations are of the utmost importance, and the patients should not only receive, but follow out instructions as to their physical treatment. First to consider is our altitude, 5,098 feet, which upon one's first arriva' gives one a feeling of great exhilaration and buoyancy, especially as one gazes at our glorious range f mountains and the snow-cap of Pike's Peak, and one feels as though he could climb at once to the top, and, not being under careful instructions, people too often make that serious and frequently fatal blunder. Rest, rest, at first they must have until such a time as their system's heart action, which at first is slightly increased, nerve tension has been thoroughly acclimated to the change in altitude; then comes their carefully prescribed exercises in the sunshine from 10 a. m. to 4 p. m. Tepid, salt, sponge bath as often as the condition of the patient indicates. For those who are too weak to take the prescribed exercise a gentle massage with good, pure olive oil several times a week is of great help and benefit. Again, I should most certainly recommend to patients coming to this climate that they bring with them two pairs of light woolen blankets and sleep between them, as at this altitude the nights, even in the summer time, are alweys cool, and it is of the utmost importance that the body, and especially the legs and feet, be kept warm and comfortable, and not call upon the already weakened and exhausted system for an extra effort to supply that heat. It is unnecessary and undesirable that patients who are sitting out of doors in our sunshine should use chest-protectors and the great amount of superfluous underwear that they use in the East, but a soapstone or hot-water bag to the feet will in many cases give great comfort and should be used in such cases. Great care should be used and full directions given as to the care and disposing by fire of the expectoration. We have so many convenient and

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suitable means now for all kinds of tubercular patients that it becomes criminal negligence not to see that they are provided with those means and carry out instructions.

The patient should sleep in a room by him or herself, with windows open both summer and winter, and have a room that at least some portion of the day has our glorious sunshine, properly supplied with blankets and bedding to always keep them warm.

I would recommend sun baths, both sitting out of doors and in their rooms. if properly located, at times having the direct rays of the sun on the patient's chest and throat, for a few moments at a time, repeated two or three times each day; great benefit having resulted from such care and treatment.

There are two other important factors which can rightfully be considered why this section is superior. First, by the charter rights of the city, no smithies or factories are permitted within its limits, so that the smoke, which is a nuisance in many of the Colorado cities, we are absolutely free from, giving the sun's rays their full power.

The second factor, and one of no less importance, is that not a single saloon exists in our beautiful city, nor can there ever, such a clause is incorporated in every deed, through the great forethought of its noble founder, General William Palmer, who through his great philanthropy and influence has done much toward the prosperity and beautifying of the city. He has just made possible the establishing of a College of Forestry in connection with our college, which is one of the best educational institutions not only in this State, but in the West.

I would do wrong if in closing this short paper I did not mention two other as greatly important facts obtained by consultations with the leading and oldest physicians in this city regarding the treatment of that equally dread disease, known by the common term "cancer," of which, if we are honest, we can say operative measures serve but to relieve pain and possibly prolong life, never cure. I can truthfully say that in now twenty-seven years of professional life, in which I personally have used all means—X-ray, violet ray, various forms of electricity, medical and other means, but have never seen a case but what the dread disease has sooner or later returned. I have seen what appeared to be some very brilliant results from X-ray and violet ray, but invariably return elsewhere; but the consen-

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sus of opinion here is that in this climate, altitude, with its sunshine, aseptic in the true sense of the term, that after operations the disease is much less liable and much slower in returning, that the general systemic effect gives the patient a much longer and surer lease of life, hence the conclusion is obvious, and the last factor to mention.

While attending a large men's brotherhood meeting at the Presbyterian Church in this city, February 12, 1907, the address was given by Dr. Peter Oliver Hanford, the commissioner of the Health Department in this city. He stated in reference to contagious diseases that there had not been a death reported by diphtheria or scarlet fever for two years, showing the effects of Colorado sunshine on the bacteria of those two fearful diseases.—*The Hahnemann Monthly.*

SOME OF THE THINGS THAT I TIE TO, AND WHY.

BY S. H. AURAND, M.D., CHICAGO.

Doctors are usually anxious and willing to tie to patients if they can only get the patients to tie to. My good families that I have thoroughly learned and have confidence in, and who have learned me and have confidence in me, I like to tie to, because I feel that I am of service to them and they are of service to me. To do our patients the most good, it is just as important that the doctor has confidence in his patient as it is that the patient has confidence in his doctor. Harmony should prevail, and the best results are obtained when there is a mutual desire to treat and be treated. In my opinion, it is not wise for a doctor to try to hold a patient who can have no confidence in him and in whom he has no confidence. A patient should not only believe in his doctor, but he should believe in his doctor's medicines and methods in order that he may faithfully follow him along the winding paths which lead to recovery. The doctor's interest in his patient has much to do with the patient's interest in his doctor. The doctor's reward depends, not so much upon the number of patients he treats as upon the number of patients he cures; not so much upon the number of calls he makes as upon the amount of good he accomplishes; not so much upon the number of dollars he receives as upon the relief and benefit he

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gives. Upon the homeopathic principle, in order to have your patients tie themselves to you, you must tie yourself to your patients. Upon this homeopathic principle and the application of good homeopathic remedies, I believe, depended the life of the following described patient.

In the month of May, 1905, a single lady of about thirty-five years, who had never seen me before, called at my office, on the recommendation of a friend, for examination and treatment. The stress of her complaint was based on a failure to menstruate. She said that she had not menstruated for nearly three months and before that had always been regular. Her limbs were full and edematous up to the knees, and she was very nervous, pale and anemic. She complained of frequent, scanty urination, with more or less irritation and smarting. Her appetite was poor and she looked as if she hadn't good blood enough to stimulate the menstrual function. She said that she had had several very nervous spells, so nervous that she could hardly sit, stand or lie down. Her muscles would twitch and jerk and she said she felt very peculiar. She had puffiness about the eyes and she complained of burning, stinging sensations in the skin. Her pulse was rapid and weak and she looked and acted frightened. The urine was heavily loaded with albumin and the specific gravity was 1010. She had little or no thirst and therefore drank practically no water at all. Tea and coffee constituted her drink for a number of years. In fact, she said nearly all her life she drank but little else. It is needless to add that tea and coffee were absolutely forbidden and that she was instructed to drink plenty of good pure water instead. Milk and water constituted her entire diet for the first few weeks of treatment. Then for several months she lived practically on bread and milk. She followed directions implicitly and called at the office regularly, each time with a sample of the urine, for medicine and instructions. I prescribed apis mel. 3x and arsenicum alb. 3x, to be taken alternately each hour. I realize that the alternation of remedies is open to criticism, but I am not fixing up a paper simply to sound well, I am giving you my actual experience and practice. I gave apis mel. because the skin had a whitish, waxen and transparent appearance, the urine was scanty, irritating and highly albuminous, the eyes were puffed and the limbs edematous, there was burning and stinging sensations in the skin, there was amenorrhea and no thirst. I gave arsenicum because of the white skin,

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the burning sensations, the pale lips and mucous membranes, the puffiness of the eyes, the edema of the limbs, the weak, irritable circulation, the general anemic condition and prostration, loss of appetite and disordered digestion, general nervous condition pointing to convulsions, scanty, smarty and albuminous urine, great restlessness, anxiety and fear, and because she said that warm things were very pleasant to her.

My patient made marked and uninterrupted improvement from the very beginning of the treatment. Each examination of the urine showed less albumin and better specific gravity. This patient came to the office twice a week regularly for about three months and then once a week for about nine months. Long before the year was up there was absolutely no trace of albumin in the urine. The menstruation became regular, appetite normal, she gained in weight, she looked well and was well. Apis mel. and arsenicum alb. were the only medicines used and they were given less frequently as the case progressed.

I like to tie to such patients because of their fidelity and loyalty. They give the doctor a chance to cure them. And I like to tie to such remedies because they cure the faithful patients. Apis mel. and arsenicum alb. are my stand-bys in such cases as I have just described. I tie to them because they have so many times served me well. I sometimes employ one alone and sometimes both, as in the above case.

Spigelia.—Spigelia is a remedy in which I have much confidence in neuralgic headaches. The pain usually begins in one spot and radiates in different directions. It may begin in one eye or it may radiate to one eye, usually the left. The eye is weak, watery, and sometimes looks red and inflamed. This condition may extend to the nostril of that side. Sometimes the pains extend down into the muscles of the neck and even down into the left chest. They may be very excruciating or simply severe enough to make one nervous, irritable and all out of sorts. The pains usually begin in the morning and continue with increasing violence until along toward evening, when they begin to subside. You needn't hunt for a great mass of symptoms when spigelia is the remedy, because, as a rule, the patient can think of nothing but the pain and discomfort. A Christian Science patient who had suffered all day under the treatment of a healer could endure the excruciating pain no longer, and so telephoned to me to come in haste. She pointed to the exact spot in the side of the

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head where the pain began, and said it extended up over the head to the eye and down into the muscles of the neck. The eye was red and watery and she felt as if she could not move her head without suffering severe and excruciating pain. Spigelia, in harmony with its law and affinity, quickly demonstrated its ability to relieve, and thereby sustained its great reputation. It did more, it made a convert to Homeopathy, for this patient has ever since been a staunch believer in homeopathic medicine. Carry spigelia 3x in your medicine-case and prescribe it in these cases and you will get results.

Hyoscyamus.—There are two conditions in which I have learned to respect hyoscyamus. One is enuresis in children and the other is nervous delirium in fevers. I have cured many cases of enuresis in children with this remedy and it is the first remedy I think of when these patients are presented. They cannot retain their urine; as soon as they think of urinating, or as soon as the sensation is felt, they must go immediately, and they must hustle or the urine will get the start of them. Indeed, in some of these cases they do not think of it until after the mischief is done—the urine passes involuntarily. The bed and clothing of these children is constantly wet and highly odorous. These little patients usually show signs of more or less constitutional nervousness. They are liable to act spasmodically. They are fidgety, have restless nights with more or less jerking and muscular twitching. If you have not tried hyoscyamus in these cases, try it and you will not be disappointed. I use it in the second and third potencies.

My second use of hyoscyamus is in acute mania or nervous delirium in fevers. I have found it useful when the patient is in a very restless, trembling and nervous state. He is very suspicious of his surroundings. He is very busy, constantly working and fussing with things about him—constantly picking at the bedclothes and is in great trouble with this or that. He is constantly trying to remove the bedclothing or his wearing apparel—I think not so much to expose himself as because he is in great trouble. In his muttering delirium he has much complaint. Not long since I had a case of typhoid fever who was in a very weak, nervous and delirious state. His whole body trembled and he was constantly working and picking at the bedclothes. In his muttering delirium he tried to express his troubles and complaints. The urine and feces were passed involuntarily. The

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nurse and two other ladies were constantly employed in keeping him in bed and adjusting the clothing. He was not quiet and did not sleep five minutes at a time for two nights and one day. After taking the second dose of hyoscyamus 3x, he ceased his muttering complaint, his trembling stopped, his muscles relaxed and he fell off into a quiet sleep. In three hours he waked up perfectly rational and in a quiet, peaceful frame of mind. This marked the beginning of his recovery, which took place without further delirium or nervous disturbance.

I use hyoscyamus in these cases in from the second to the sixth potency. In the above-mentioned conditions its indications are clean cut and its results are sure.

Cimicifuga.—There are several therapeutic conditions with which I am quite willing to fully trust cimicifuga. Cimicifuga has a definite place in my armamentarium and when called upon it does not disappoint me. It is not a cure-all for rheumatism and dysmenorrhea, but it will do all that it agrees to do if its law is understood and if it is treated fairly. Its subject is usually nervous and irritable, talks at random and changes subjects frequently. The soreness, aches and pains are usually in the body of the muscle. If with the above tendencies your patient has lumbago, crick in the back or neuralgia of the lumbar muscles so that he can hardly get up when down or down when up, the least effort to move catches him with such excruciating pain that he gives vent to his feelings with a characteristic grunt or groan, and if he tells you that he is subject to these attacks, which usually lay him up for from one to three weeks, give him cimicifuga and watch him crawl out. The dose should be five drops of the tincture every two or three hours. The results will prove to you and to the patient that cimicifuga is at home with such cases and right after the business whereunto it is sent.

Then again cimicifuga will serve you just as well as if prescribed for a nervous, hysterical patient, who is irritable and complains of a good deal of jerking, trembling or twitching of the muscles. She is rheumatically inclined and her menstruation is irregular, delayed or suppressed. She complains very much of aches and pains in the region of the uterus and ovaries. These pains extend upward toward the back with more or less involvement of the lumbar muscles. Here cimicifuga, in the second or third potency, will increase the doctor's faith in medicine and will make the patient comfortable and happy.

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Veratrum Album.—There are three therapeutic conditions for which experience has taught me to tie to veratrum album. First, a peculiar type of mental and nervous difficulties; second, digestive troubles; and third, menstrual disorders. If you have a cranky patient who has a violent, destructive disposition, whose emotions prompt him to spasmodically tear things to pieces and destroy them, and whose religious frenzy impels him to exhort and pray with vehement fury—so much so that he turns pale and cold and cold sweat stands out on his forehead—and at other times when he is tired and exhausted he is dull, stupid and fearful; whether this be a state of delirium in the course of a running fever or whether it be due to a nervous state of unbalanced mentality—give him veratrum album 3x and the above symptoms will change or vanish.

Second, if you have a patient who is taken with violent nausea, retching and vomiting, and his blood seems like ice-water coursing through the vessels, with cold, clammy sweat, especially on the forehead, who craves ice-cold water, juicy or salty things, who suffers with severe abdominal cramps, the intestines feeling as if they were tied in a knot, and who has copious liquid or rice-water stools, give him veratrum album 3x, which is powerful enough to overcome all the combined violence above mentioned.

Third, should you have a patient who at times descends into the lowest depths of despair and with a sudden bound she throws her arms about your neck in a spasmodic effort to kiss you, you will remember that the patient is only ill and wants, not you, but veratrum album. This patient just before her menstrual period comes on is very blue and in a state of utter despair, she may be very hysterical or even violently insane. When the menses begin to make their appearance she passes into a frigid zone. She has violent uterine cramps with rigidity of the body and icy coldness, especially over the abdomen. She suffers excruciatingly, has cold, clammy sweat and is greatly prostrated. Veratrum album will not only relieve, but will absolutely cure these cases. Remember that veratrum album is a valiant remedy in violent cases.

Podophyllum.—Podophyllum has a special place in my medicine-case and I am often reminded of its usefulness. I occasionally prescribe podophyllum in one-fourth grain dose. This serves me very well as an intercurrent remedy in torpid conditions of the liver and digestive organs. The patient has no appetite, the

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tongue is heavily coated and the mouth foul. The bowels are constipated and there is an aching fullness in the stomach, liver, abdomen and rectum. These patients usually suffer more or less with bleeding hemorrhoids. They also have a heavy, dull and confused headache with no ambition for mental or physical labor.

Now should I find the above conditions in a patient who on account of the sluggishness of the digestion continues to load up for a while, and then, with a desperate and stormy effort, the system reverses the order of things by producing a copious diarrhea, I should prescribe podophyllum in the third decimal potency.

The podophyllum patient usually suffers with gastric, bilious or duodenal catarrh and the following symptoms are noted: Full, heavy and confused headache, no appetite, thick, foul and pasty coating on the tongue, more or less nausea and vomiting, full, sore feeling about the stomach, liver and abdomen, dirty or brownish color of the skin and more or less melancholy with mental and physical inactivity. These patients may suffer with constipation or diarrhea, or constipation may continue for some time, and then, with a stormy rumbling and gurgling in the stomach and bowels, a copious, foul diarrhea will follow. The stools are usually very copious and very foul and are often mixed with a mealy sediment. The above short description from a bilious patient is sufficient for me to decide upon podophyllum 3x.

I am sure the above remedies are valuable in other conditions, but these are practical tests to which I have put them, and therefore can with confidence recommend them to you for similar cases. There are many other good homeopathic remedies to which I tie, and use for various difficulties, but I cannot tell you about them in this paper—else it would be too long.—*The Clinique.*

ANTISEPTIC LIQUID SOAP.

R. Saponis mollis.. .. ..oz. 4.
Katharmon.. .. ..oz. 4.
Aquæ.. .. ..oz. 4.
Alcoholis.. .. ..oz. 3.
Misce et adde:
Acidi carbolici.. .. ..oz. 1.

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THE MEDICAL FORUM.

A Monthly Journal Devoted to the Interest of the Homœopathic Profession.

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KANSAS CITY, MO., JULY, 1907.

EDITORIAL.

BRAIN-STORMS.

That notorious murder trial in New York has furnished us with a new word—"brain-storms." It was intended to convey to the minds of the jury an idea that a man or woman may experience a certain form of mental emotion that will lead him or her to commit deeds that a person fully clear in mind would not do. It might be held to be equal in meaning to the terms "temporary insanity," "transitory insanity," "emotional insanity" or "querulous insanity." Persons suffering from such a state of mind might commit a crime and yet be no criminal in the eyes of the law.

We know that crimes have been committed under the influence of uncontrollable impulses. Such impulses are most frequently found in those who have before that time led an erratic life. The more such abnormality of mental life is allowed to

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sway its victim in one direction or the other, the more decidedly "cranky" will he or she be.

There may be a history of heredity. No man inherits a "brain-storm," for that is a condition lasting a short time only. But the unfortunate victim of hereditary weakness of character and proneness to act contrary to the dictates of reason may be thus led on to do things that otherwise would not happen. Thus we have a large number of people running at large who are liable to commit crime under the influence of excitement.

There is, however, danger that this exemption from punishment accorded the mentally unsound may be used as an excuse for commission of crime. An epidemic of crime often follows when proper punishment is not following.

We have too many criminals. A people enlightened as we claim to be should show a much greater freedom from crime than we can boast of. How much of this prevalence of crime is due to farce-like criminal trials, delays of justice and such subterfuges as "brain-storms," "temporary insanity," etc.? A deliberate brutal murder should not be excused by such a flimsy and uncertain quantity as these "brain-storms" necessarily must be.

And if it be shown that a deed has been committed under an "imperative impulse" that made resistance impossible, then the verdict should still be "guilty," but commitment to an asylum should follow, and such commitment should be permanent.

WORDS OF WISDOM.

Dr. Halbert has something to say on the subject of organization in the June number of *The Clinique*. We hope that every reader of that excellent journal will read and reflect, for there is wisdom in these utterances. We subjoin a few of these remarks with a hearty endorsement:

"A doctor of our faith has no right to exempt himself from our membership; he has no excuse for saying, 'I don't belong to the State society'; he should not claim the right of independence; every physician owes his allegiance somewhere; in other words, he is with us or against us, and he should contribute his influence and support where it belongs. We cannot be grumblers and help along any good cause; we must put our shoulders to

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the wheel and see that things progress; while men may differ as to means and measures, the harmonizing of ideas may always be attained so that a principle does not suffer. To that end we all owe a duty to some organization.

"There are some practicians who have never given this duty a thought; they have left college and, becoming engrossed in practice, have failed to become associated with their State society; and yet these same physicians, when in need of help, are prone to seek the political aid of such an institution. If we had no such influence, what standing would we have in our time of need? And if the majority of our practicians had not maintained our organization, what influence would we, as a school, have had as a disorganized whole? Therefore every member of the homeopathic profession must wake up and do his duty and continue to do it. We should all keep in mind what our predecessors have done for us, what they suffered and what they accomplished with the odds against them. Where would we stand to-day if they had not fought for our existence as a school? Homeopathy needs you, doctor, and you need your organization. We trust that our next year enrollment will be even larger than it was this year."

AMERICAN INSTITUTE OF HOMEOPATHY.

Officers Elected.

Royal S. Copeland, M.D., Ann Arbor, president; W. E. Reily, M.D., Fulton, Mo., first vice-president; J. Richey Horner, M.D., Cleveland, second vice-president; Frank Kraft, M.D., Cleveland, secretary; T. Franklin Smith, M.D., New York, treasurer; J. H. Ball, M.D., Bay City, Mich., registrar; Geo. T. Shower, M.D., Baltimore, necrologist; Geo. H. Quay, M.D., Cleveland, chairman Board of Censors.

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Homeopathic Pharmacopœia—T. H. Carmichael, M.D., Philadelphia.

Hahnemann Monument—J. H. McClelland, M.D., Pittsburg.

Institute Journal—Geo. Royal, M.D., Des Moines.

New Members—W. A. Paul, M.D., Boston.

Formation of a National Association for Clinical Research—Walter Wesselhoeft, M.D., Cambridge.

Local Arrangements—Joseph Hensley, M.D., Oklahoma City.

Next session of the American Institute of Homeopathy in Oklahoma City, Okla.

The American Institute of Homeopathy met in its sixty-third session at the Jamestown Exposition, Norfolk, Va., beginning June 17, and closing the Friday afternoon following. Owing to the extreme incompleteness of the Exposition and the absolute impossibility of the Institute assembling in the building assigned to it for its sessions, because of unreadiness for any purpose whatsoever (although letters declaring it complete and ready for occupancy had been written and sent to the chief officers of the Institute), the meetings were ultimately all held under the umbrageous shelter of the Inside Inn. Here many complaints were heard; but when all is said that can be said, and all things taken into consideration, the superintendent of this caravansary did nobly by the Institute. Only one sectional society found it necessary to go elsewhere for a meeting-place than the Inn, and that was the Neurological Society, which met in the Daniel Boone House, very close to the Inn.

The weather throughout the week was most charming, so long as one staid in the Inn. On one night it rained a blue torrent, which made the sand of the unready roads of the Exposition almost impossible for navigation or pedestrianism. The heat was pleasantly offset by the shade and coolness of the famous porch extending along the front of the Inn—the Surgical and Gynecological Society holding one or more of its meetings on this porch. The president, Dr. E. B. Hooker, who had been very seriously ill during the early spring and then got mixed up in an automobile accident, was on hand a day or so before the sessions, and broke down when he saw how he and the other responsible officers had been lulled into a sense of security by the promise of completeness of all arrangements. But it was through his diplomacy and good generalship that the meetings were finally all held in the Inn. He continued "on deck" until Thursday morning, when it was discovered that he had succumbed to the strain and could not rise from his bed. Later in the week he reappeared, but showed his illness.

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The four Institute bureaus, Homeopathy, Materia Medica, Pedology, and Clinical Medicine, were well presented with wide-awake and alive papers. The attendance at all these bureaus was remarkably good considering everything. The Clinical Medicine section, under Hudson D. Bishop, treated the Opsonic Index question most eloquently and exhaustively, and succeeded in having these papers ordered in reprint for public distribution. Pedology, under H. H. Baker, of Chicago, had some fine contributions, and, remembering that it was the last bureau of the week, the interest taken and the patience displayed by the membership in waiting over, when the hotel bill and other outrageous expenses were eating into the purse, was truly admirable and commendable. Materia Medica, with "Hot Springs" Hallman in the saddle, had two good, refreshing meetings. Homeopathy, under Dewey, could not have been better arranged, and its papers, when they appear in print, will show the vital interest exhibited by its members. Sanitary Science gave itself a little leeway, and ordered a Variolinum paper printed in the Transactions, and a reprint under a resolution. As seems to be customary with these advocates, they watied until the eleventh hour before making their move apparent, and then, of course, carried it. The paper of John Preston Sutherland, the eloquent editor of the *New England Medical Gazette*, on "Homeopathy," which was presented at the formal opening exercises, was a masterpiece of good English as well as of good homeopathy. It was ordered into reprint. The president's address discoursed upon many vital themes, all of which were well presented. There seems to have been nothing startling in its many pages. It dealt with child labor, cabinet position for a physician, the Institute journal, and other allied topics. The Institute journal committee was continued for another year, the committee waiting for the incorporation of the Institute; otherwise nothing definite could be had from any printing firm. The president suggested, and the committee on the address adopted it, that if the executive committee could find some way of publishing a monthly bulletin without expense to the Institute, it should have the power to do so.

The allied societies each held meetings and concluded their labors satisfactorily. Dr. H. F. Biggar was elected president of the Surgical and Gynecological Society; Dr. H. C. Aldrich was made presiding officer of the Obstetrical session. The press facilities were primitive in the extreme. Not that the Institute committee did not attend to its part of the "knitting," but the indifference of the Associated Press is what killed the reports. The Norfolk papers, only five miles away, gave grudgingly a column, and sometimes only half of one, to the doings of the Institute. The only excitement of the session, aside from the variolinum motion, was the acceptance of the invitation to go to Oklahoma next year. This was the undercurrent of the session until it was got off the hooks; then the other business of the

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Institute proceeded. Dr. Hensley, of Oklahoma, was loaded for large game. He came with many credentials and much humor, wit and—sweat. But he made his point. Dr. Walton turned the trick with an original poem. Hot Springs had but little chance after that. But the Institute was not to be caught napping this time, as it had been with the Jamestown Exposition. It at once surrounded itself with safeguards, so that there would be no duplicate fiasco for next year.

As to attendance, it was noticeable that the immediate East staid calmly at home, while the Middle West, which includes Cleveland and Cincinnati, and the true West did, as always, the honors. Missouri sent us three fine exemplary men in Drs. Jas. A. Campbell and W. John Harris, of St. Louis, and W. E. Reily, of Fulton. Cleveland, Cincinnati and Chicago were there in goodly numbers. There was a handful from Philadelphia and not quite another handful from New York city. Dr. T. Griswold Comstock wes greatly missed and asked after. A Council of Medical Education was instituted, with Geo. Rolay chairman and W. A. Dewey secretary. The purpose of this council seems to be to do its own investigation of homeopathic colleges, and so cease to be the target for malicious reports on the part of the American Medical Association. The committee on new members, which, unhappily for this session just closed, was not put under active work until well along in the year, was reappointed, with Dr. W. A. Paul, of Boston, chairman. On the boat from the Exposition grounds to Washington on Friday, there were upwards of thirty physicians, who formed themselves into a meeting, with Paul as the head; and, after about three hours' session, each agreed to influence not less than five new applications for membership for the Oklahoma meeting. The report comes that it was one of the most enthusiastic meetings of the whole Institute. As the Institute comes to the New Southwest, it behooves that and all adjacent territory to get to work and make good the promises for new members.

With the exception of a perfunctory reception on Monday night, and the dancing on an illy prepared, badly oiled floor of a half-dozen venturesome couples, no entertainment of any sort has been provided for the Institute.

The Inside Inn was a crudely erected summer hotel, spread over a vast area of ground, without electric bell service or elevator. Its American plan table was not of the most delicate, and not a few of the guests complained of ptomaine poisoning. The most outrageous condition was that of the absence of transportation facilities. Trunks had to be checked to Norfolk from the member's starting-point; and for all practical purposes of transportation Norfolk was across the continent from the Exposition. It cost $1 for a trunk, which might and might not be delivered within forty-eight hours after the guest's arrival. The true Southern indifference was dominant in the Exposition

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and elsewhere. No push, no hustle, nothing but fair speech (lies mostly), and a blistering heat. Nothing over-active except the pestiferous flies, who insisted on dining with you at the same time and from the same plate and cup.

This hurried statement of the meeting at Jamestown will suffice to show that the Institute did have a good meeting, and, had the surroundings been perfect, it would have been a record-breaking meet. As it was, sixty-two or a few more applications were received. Oklahoma next year—unless the executive committee discovers meantime that it is not the best place for our meeting.

NEWS NOTES AND PERSONALS.

Send any news items or personals to the Local Editor of the Medical Forum, Dr. Maclay Lyon, 409 Deardorff Bldg.

South Dakota needs homeopathic physicians.

Dr. Leland F. Quantius, formerly of Denver, has located at McPherson, Kansas.

The American Institute of Homeopathy meets next summer at Oklahoma City, Okla.

Dr. Mark Edgerton, of Kansas City, is spending a month in New York city and thereabouts.

Dr. H. P. Gilkeson, of Warrensburg, Mo., was in Kansas City a few days ago, having brought a patient to the city for special treatment.

Several of the physicians of Kansas City and vicinity availed themselves of the privilege of a medical license in Texas before the lid went on.

Kansas City was ably represented at the American Institute by Dr. W. J. Gates. He was a delegate from the College and from the Society.

Dr. Frank Kraft has been elected and has accepted a professorship in the chair of materia medica in the Cleveland Homeopathic Medical College.

A Strasburg (Mo.) man has the following on his letterhead: "Dr. ———, Druggist. Special attention given to dental work. Embalmer and Undertaker."

Have you seen the ice cream suit and white shoes on Dr. W. A. Forster? He sets the styles for the Kansas City bunch. But it is hard to keep up with him.

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Drs. Mark Edgerton and Maclay Lyon have rearranged their offices so that extra room is had and better located. The reception-room number is still the same, 409.

Dr. P. F. Peet, of Kansas City, has returned from an extended trip down South. He conveniently left whooping-cough, with which he was afflicted, down there on the Gulf.

Dr. and Mrs. J. L. Alexander, of Kansas City, lost their infant son last week. This is the second bereavement within a year. The doctor's many friends and the Medical Forum offer sincere sympathy in this second affliction.

Kansas City Hahnemann Medical College will open September 12. The new catalogue is in press and will be mailed within a few days. Copies may be obtained by addressing the registrar, Dr. G. W. Smith, 1103 Main Street, Kansas City, Mo.

The Denver Homeopathic College has become the Medical Department of Westminster University. It will hereafter be known as the Westminster University College of Medicine. Dr. Jos. Baur Kinley is dean and Dr. Walter M. Drake registrar.

The Kansas State Board of Health has elected the following officers: president, Dr. J. B. Carlisle, Leon; vice-president, Dr. A. B. Scott, Jetmore; civil engineer for sewage and drainage, W. C. Hoad, Lawrence; chemists, Dr. Sarah Greenfield, Professor E. H. S. Bailey and Professor L. E. Sayre.

The following deaths are reported: Dr. Chas. B. Gilbert, at Washington, D. C.; Dr. Frederick W. Hicks, at Baltimore, Md.; Dr. F. W. Noyes, at North Adams, Mich.; Dr. E. R. Eggleston, at Mt. Vernon, Ohio; Dr. K. C. Bemis, at Wheaton, Minn.; and Dr. Geo. E. Dennis, at Minneapolis, Minn.

The officers for the ensuing year of the Nebraska State Homeopathic Medical Society are as follows: president, Dr. H. S. Miner, Falls City; first vice-president, Dr. F. A. Marsh, Seward; second vice-president, Dr. F. F. Teal, Omaha; corresponding secretary, Dr. W. K. Foote, Omaha; recording secretary, Dr. F. S. Whitman, Omaha.

The Women's and Children's Hospital is now located in the new building, southwest corner of Eleventh and Harrison Streets. An addition is being built on the west, in which will be located the new operating-room and elevator, also thirty rooms. Miss Tracy, the new superintendent, has made many friends on account of her excellent management.

Secretary Crumbine, of the Kansas State Board of Health, has issued a bulletin in which he gives some rules for bake-shops. Principal among the regulations is that the habit of kneading bread dough with the feet must be discontinued. Also, cuspidors must be provided, so that the bakers will not expectorate into the dough. The poor bakers will soon be compelled to act like decent human beings if Secretary Crumbine keeps up the fight.

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G. W. SMITH, M.D.,
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Something About Therapeutic Lamps

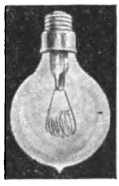
There has been put forward to the medical profession by the manufacturers so many varieties of therapeutic lamps and so much deception has been practiced in some instances that we think it only fair to the profession that we give them some information as to the candle-powers of the various globes used in lamps. Below you will find a list of candle-powers of the clear globes, together with the circumference in inches of the globes used by the incandescent lamp manufacturers, for the particular candle-power for which intended. By comparing this table with the measurement of the globes used in various lamps it will be a very simple matter to arrive at the true candle-power of the particular globe in question.

32 C. P. Globe, Round	9¼
50 C. P. Stereopticon Globe, Round	9¼
50 C. P. Globe, Round	11¼
50 C. P. Globe, Pear-Shaped	9¼
100 C. P. Globe, Pear-Shaped	13¼
100 C. P. Globe, Spiral Filament, Round	11¼
200 C. P. Globe, Pear-Shaped	17¼
300 C. P. Globe, Pear-Shaped	21¼
500 C. P. Globe, Pear-Shaped	23¼

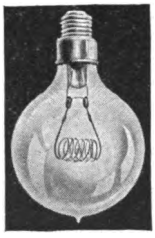
The illustration shows the comparative sizes of the 50 C. P. stereopticon, 100 C. P. spiral fillament, and the 500 C. P. Leucodescent globes.

Candle-powers are ascertained by photometric tests of the naked globes, and it is by this method only that globe manufacturers take their measurements.

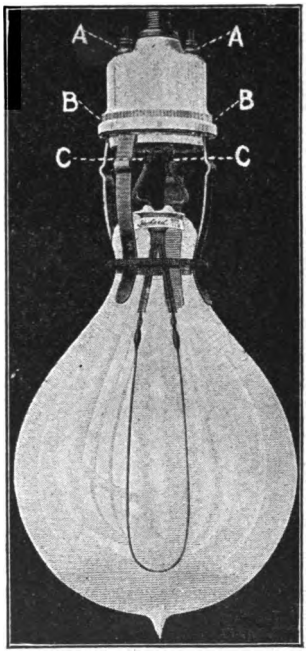
The candle-power measurements for globes used in the Leucodescent Lamps are measured on a special photometer of the Bunsen type. The globe is hung so that the carbon filament throws its light upon the photometer screen. At the opposite end of the photometer from the globe which is being measured is placed a standard globe which has been carefully calibrated for candle-power and voltage. The movable screen of the photometer is set so that the light from the standard globe and the globe being measured is of equal intensity. The position of the screen on the photometer scale determines the candle power of the globe being measured.



50 C. P.
9¼ in.



100 C. P.
11¼ in.



500 C. P. Style "F Special" Leucodescent, 23¼ in.

Please note that measurements for candle-power are always taken with the globe naked or uncovered. Any use of a reflector or condenser for the purpose of ascertaining candle-power is a deception. The quality of the light can never be increased by any reflectors or condensers.

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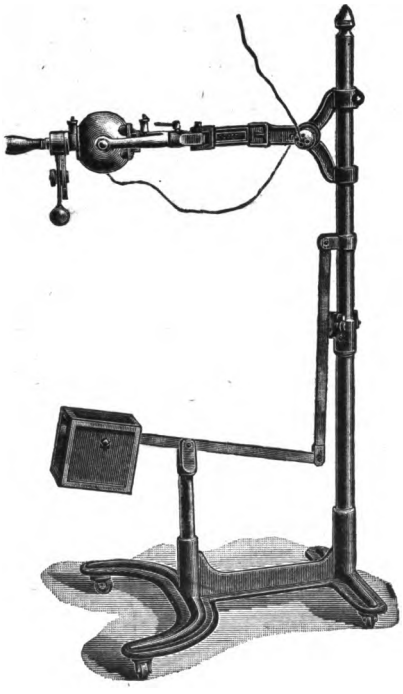

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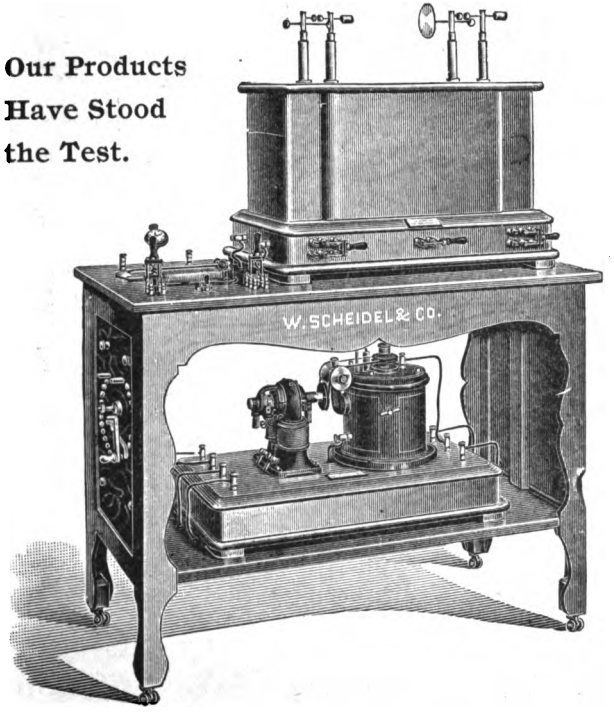

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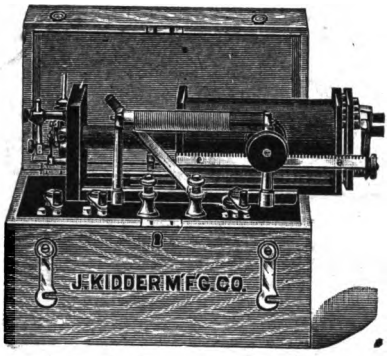

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